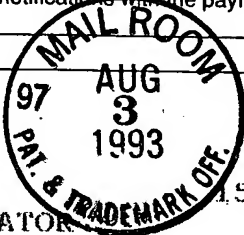


## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

## 1. CORRESPONDENCE ADDRESS

PATENT ADMINISTRATOR  
TESTA, HURWITZ & THIBEAULT  
EXCHANGE PLACE  
53 STATE STREET  
BOSTON, MA 02109



## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/995,345

12/22/92

017

NUTTER, N

1503

07/26/93

First Named  
Applicant

OPPERMANN

HERMANN

TITLE OF  
INVENTION

OSTEOGENIC PROTEINS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1 STK-001CP2DV

530-326.000

P21

UTILITY

NO

\$1170.00

10/26/93

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Testa, Hurwitz &  
Thibault

2

3

## DO NOT USE THIS SPACE

080 KJ 08/05/93 07995345

1 142

1,170.00 CK

080 KJ 08/05/93 07995345

1 561

60.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

## (1) NAME OF ASSIGNEE:

STRYKER CORPORATION

## (2) ADDRESS (CITY &amp; STATE OR COUNTY)

2725 Fairfield Rd/Kalamazoo, MI 49002

## (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

DELAWARE

A. ☐ This application is NOT assigned.☒ Assignment is being previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## 6a. The following fees are enclosed:

☒ Issue Fee☒ Advanced Order - # of Copies

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## 6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER

20-0531

(ENCLOSED PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is

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(Signature of party in interest of record)

REG. NO.

(Date)

34,637

7/29/93

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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on July 29, 1993

(Date)  
Robin E. Bolduc  
(Signature)

Robin E. Bolduc  
(Typed or Printed Name)

July 29, 1993  
(Date)

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93 AUG -3 PM 8:38  
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IRSB DIVISION

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PART C—CHARGE TO DEPOSIT ACCOUNT

## 1. CORRESPONDENCE ADDRESS

PATENT ADMINISTRATOR  
TESTA, HURWITZ & THIBEAULT  
EXCHANGE PLACE  
53 STATE STREET  
BOSTON, MA 02109

15M1/0726

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/995,345	12/22/92	017	NUTTER, H	1503 07/26/93
First Named Applicant: OPPERMANN, HERMANN				

TITLE OF INVENTION  
ONCOGENIC PROTEINS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
STK-001CP2DV	530-326.000	P21	UTILITY	NO	\$1,170.00	10/26/93

DO NOT USE THIS SPACE

080 KJ 08/05/93 07995345  
080 KJ 08/05/93 07995345

1 142 1,170.00 CK  
361 60.00 CK

## 2a. The following fees are enclosed:

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DEPOSIT ACCOUNT NUMBER 20-0531

☐ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)  
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requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

20-0531

(Date)

7/29/93

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TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT